

**Officeholder and Candidate  
Campaign Statement -  
Short Form**

400

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> <b>Amendment</b> (Explain Below)	Date Stamp <b>RECEIVED BY LOS ANGELES COUNTY 2021 AUG 10 PM 4:52 CAMPAIGN FINANCE</b>	<b>CALIFORNIA FORM 470</b> For Official Use Only
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1. Statement Covers Calendar Year 20 21.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Veronica Peña

STREET ADDRESS

CITY STATE ZIP CODE  
Rosemead CA 91770

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
626-230 1646

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
Rosemead School Board of trustee

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Rosemead, LA County

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 10, 2021  
DATE

By \_\_\_\_\_

Clear Form Print Form